

<b>Case Number:</b>	CM14-0044991		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal medicine, and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48year old man with a past medical history of Diabetes Mellitus (DM), rheumatoid arthritis (RA) who has a work-related injury dated 5/23/01 resulting in chronic pain in multiple joints. The patient receives care from a primary provider who has evaluated him on many occasions. Office visit dated 2/10/14 notes the patient has had worsening polyarthritis. He has a history of GERD and DM. He is taking multiple medications including Cialis, Flurbiprofen cream, Glipizide 5mg twice daily, Metformin 850mg three times daily, Celebrex, Folic Acid, Lyrica, methotrexate, Prednisone. There is documentation that the DM is "improved control on the insulin" w/o further documentation of the severity of the diabetes or how well it is controlled or if the patient has had any adverse drug effects from the Glipizide. There is no documentation of patient monitored blood glucose or any labs to evaluate a HgbA1C. Under consideration is the continued use of Glipizide 5mg twice daily #60 prescribed on 2/10/14. Utilization review dated 3/11/14 yielded a modified decision for a one month supply with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Glipizide 5mg tablet twice a day count #60 for 1 month supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC: Diabetes.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate.com. Glipizide: Drug information.

**Decision rationale:** The California MTUS is silent regarding the use of Glipizide for treatment of DM. Uptodate states that Glipizide is used in the management of type 2 diabetes mellitus (noninsulin dependent) as an adjunct to diet and exercise to lower blood glucose; may be used in combination with metformin or insulin in patients whose hyperglycemia cannot be controlled by diet and exercise in conjunction with a single oral hypoglycemic agent. Contraindications include hypersensitivity to Glipizide, type 1 diabetes mellitus or diabetic ketoacidosis. Potential adverse effects include hypoglycemia which is more likely to occur when caloric intake is deficient, after severe or prolonged exercise, when ethanol is ingested or when more than one glucose-lowering drug is used. Monitoring parameters include signs and symptoms of hypoglycemia (fatigue, excessive hunger, profuse sweating, numbness of extremities), blood glucose, hemoglobin A1c every 3months for unstable patients and twice yearly for stable patients. In this case the documentation doesn't specify if the patient has type I or type II DM. There is no documentation that the drug is being monitored at all. There is no A1c or blood glucose monitoring or any interview to assess if the patient is having hypoglycemia. The continued use of Glipizide is not medically necessary.